



# Medicolegal News and Views

Virginia Department of Health, Office of the Chief Medical Examiner

Vol.17, #1, Winter 2016

## ANNOUNCEMENTS

### Upcoming Forensic Science and Medicine Courses

AAFS 69th Annual Meeting  
Hyatt Regency New Orleans  
601 Loyola Ave  
New Orleans, LA  
February 13-18, 2017

Local Medical Examiner  
Death Investigation and Scene  
Management  
Richmond, VA  
April 20-21, 2017

National Association of  
Medical Examiners  
51st Annual Meeting  
Scottsdale, AZ  
October 13-17, 2017

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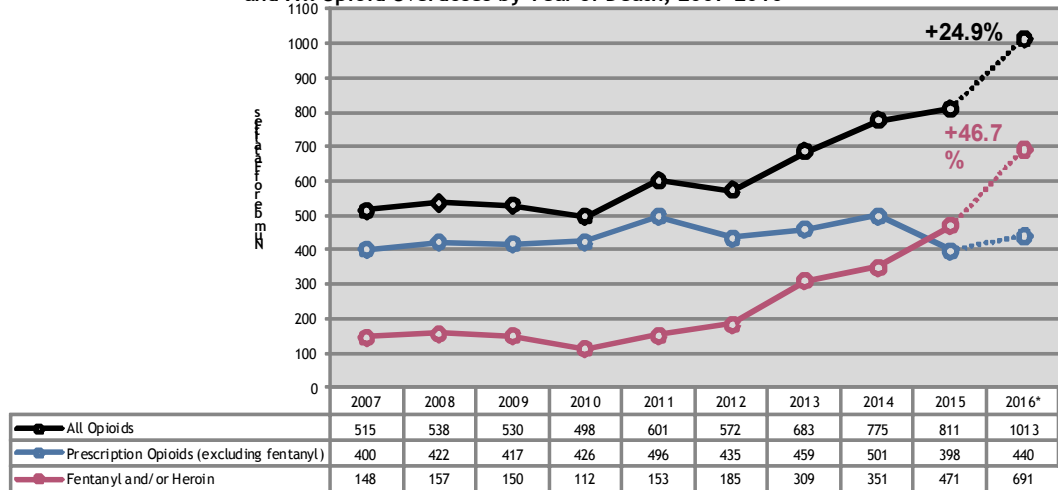
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## Evolving Drug Crisis in Virginia by Geographical Regions

By Rosie Hobron, MPH

Since 2013, Virginia has seen a dramatic increase in opioid use and abuse, resulting in record numbers of overdoses; many of which are fatal. While prescription opioid abuse continues to be a major concern, recent trends indicate that persons using illicit opioids are at higher risk of overdose, including overdose death, due to the increasing involvement of purposeful additions (i.e. cutting) of illicit opioids, other illegal drugs, and lethal adulterants into street-level illicit substances (i.e. heroin). This risk is further amplified due to the fact that many users of illicit opioids typically inject these drugs intravenously as a means to get high. Intravenous drug use, especially sharing used needles with others, is associated with HIV and Hepatitis C; both chronic and severe, potentially lethal infections that can spread to others if regular testing and proper precautions are not enforced. Taking in account all aspects of this growing problem, on November 21, 2016 the State Health Commissioner declared opioid addiction a public health emergency in Virginia (<http://www.vdh.virginia.gov/commissioner/opioid-addiction-in-virginia/>).

Total Number of Prescription Opioid (excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2016



Continued on page 2

## Cremation Certificates in EDRS

By Bridget Kinnier, F-ABMDI

Did you know that the electronic cremation certificate function of EDRS is officially up and running? While the development team is still working to perfect it, you can still use it.

Here are some important tips:

1. Funeral homes will need to confirm that the local medical examiner is available for a cremation view prior to requesting cremation authorization electronically.
2. Electronic cremation authorizations can only be done on cases where the treating physician signed the death certificate in EDRS.
3. Once the death certificate is signed electronically, the funeral

home can send the cremation request to the local medical examiner.

4. After examining the decedent and reviewing the death certificate, you can authorize the cremation electronically.
5. You must still print copies of the cremation authorization and the death certificate. These copies still need to be sent directly to the district office.

## Cremation Certification Reminders

By William T. Gormley, MD, PhD

*Virginia Code §32.1-284 provides the legal guidance*

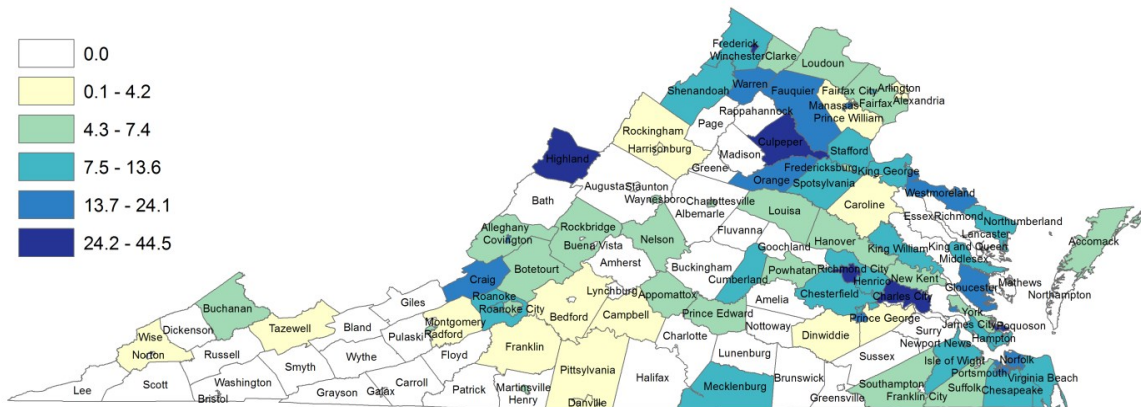
According to the law, cremation of the remains of any person who dies in Virginia requires certification by a medical examiner that there is no further known

need for medicolegal inquiry. This is true regardless of the jurisdiction where the cremation will occur. The following applies:

1. The medical examiner is expected to review the death certificate, perform a brief examination of the body and obtain any further information necessary to assure that cremation is appropriate and a medical examiner case has not been missed.
2. A Virginia medical examiner has no authority to certify cremation of any remains whose death occurred in another state or nation because Virginia has no authority to conduct a medicolegal death investigation in another state or nation. The funeral home needs to follow the cremation rules of the state where the decedent died.

Illicit opioid use, such as heroin and illicitly produced fentanyl, tend to occur in urban areas of Virginia (central, eastern, and northern regions). Large drug user populations in which drug dealers can distribute large quantities of drugs, as well as easy access to multiple highway systems where drug trafficking can occur readily, make large cities the ideal place for illicit drug

#### Rate of fatal heroin and/or fentanyl overdose (per 100,000)

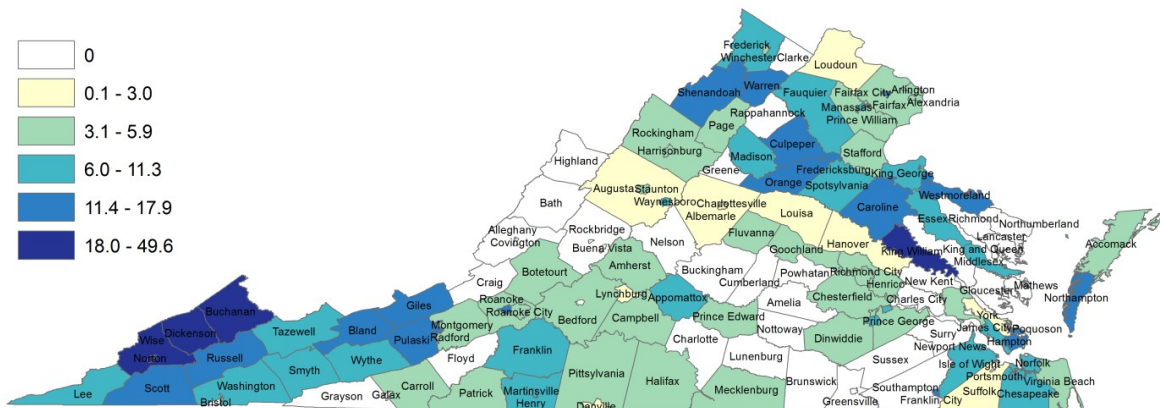


\*Fatal heroin and/or fentanyl overdoses reported to OCME (July 2015 - June 2016).

tortory findings have determined that an ever-growing proportion of street level heroin now contains an extremely powerful opioid: illicit fentanyl. Given these factors, fatal illicit opioid overdoses continue to increase and the highest mortality rates tend to be concentrated in the higher populous areas of Virginia.

Prescription opioid abuse occurs throughout the Commonwealth and prior to 2015 caused the largest number of fatal over-

#### Rate of fatal prescription opioid overdose (per 100,000)



\*Fatal prescription opioid (excluding fentanyl) overdoses reported to OCME (July 2015 - June 2016).

prescribed to friends or family, or purchasing prescription drugs off the street; just to name a few.

Many state regulations have been passed into law in attempt to make it more difficult for drug abusers to obtain these drugs. Some of these regulations, especially those made to the Prescription Monitoring Program, have shown some positive effect on illegal drug use as fatal overdoses due to prescription opioids actually decreased in 2015. However, fatal opioid overdoses continue to occur in Virginia. Rural areas of the state like the far southwest and the Shenandoah region consistently have the highest rates of fatal prescription opioid overdose in the state when compared to other localities in Virginia.

#### Additional Resources:

OCME's Quarterly Drug Death report: <http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>

VDH's Addiction: <http://www.vdh.virginia.gov/commissioner/opioid-addiction-in-virginia/>

Addiction, Prevention, and Recovery Resources: <http://vaaware.com/>

trafficking. This is compounded by the fact that illicit opioids tend to be much cheaper to purchase compared to prescription opioids like oxycodone. Since illicit drugs vary in potency, overdose can happen easily and quickly. Recent law enforcement investigations and labora-

tories by magnitude when compared to other categories of drugs (ex. illicit, benzodiazepines, etc.). Prescription opioids can be illegally obtained from a variety of sources: doctor shopping, defrauding physicians, stealing pills legitimately

## Updates to EDRS

By Bridget Kinnier, F-ABMDI

On November 1, 2016 EDRS released VVESTS 3.5.9 which included an update to correct a problem with the pregnancy field completed by the Medical Examiner. The CDC requires that an error message is issued to funeral homes when attempting to file a death certificate in EDRS when the pregnancy status is not correct for the decedent's age. Unfortunately the decedent's date of birth and age are entered by the funeral director after the Medical Examiner has completed the medical certification. Please be aware of the decedent's age when you are completing the pregnancy field in EDRS.

If decedent was FEMALE, enter the pregnancy status	
Manner of Death:	Not pregnant within the past year
External factor to cause of death	Pregnant at the time of death
Date of Injury	Not pregnant, but pregnant within 42 days of death
Check if Unknown: Time of Injury	Not pregnant, but pregnant 43 days to 1 year before death
	Unknown if pregnant within the past year
	Not Applicable

**NOT APPLICABLE** may only be selected when the decedent's age is **less than 5 years or more than 75 years**. For all decedents between 5 and 75 years, **NOT APPLICABLE** may not be used and will cause the funeral home to receive an error message when they attempt to file the death certificate.

Changes are saved successfully with the following validation messages		
Screen Code	Error Type	Validation Message(s)
EDXDEC	Acknowledgeable Field	ERA - 01107: Pregnancy status may only be selected as 'Not Applicable' if female decedent's age is less than 5 years or more than 75 years

If the funeral home does receive an error message, please encourage them to acknowledge the error and continue to file the death certificate in EDRS. Please be sure to contact the district office as soon as possible and let the district office staff know that an e-amendment will need to be completed to the pregnancy status once the death certificate has been filed.

## [Safety Alert] Carfentanil: A Dangerous New Factor in the U.S. Opioid Crisis

The DEA has put together an Officer Safety Alert and has issued this warning to police and public: <https://www.dea.gov/divisions/hq/2016/hq092216.shtml>. The information referenced below is from the Officer Safety Alert pamphlet distributed by the DEA.

Carfentanil is a synthetic opioid approximately 10,000 times more potent than morphine and 100 times more potent than fentanyl. The presence of Carfentanil in illicit US drug markets is cause for concern, as the relative strength of this drug could lead to an increase in overdoses and overdose-related deaths, even among opioid-tolerant users. The presence of Carfentanil poses a significant threat to first response and law enforcement personnel who may come in contact with this substance. **In any situation where any fentanyl-related substance, such as Carfentanil, might be present, law enforcement should carefully follow safety protocols to avoid accidental exposure.**

Carfentanil and other fentanyl analogues present a serious risk to public safety, first responded, medical, treatment and laboratory personnel. These substances can come in several forms, including powder, blotter papers, tablets, patches and sprays. Some forms can be absorbed through the skin or accidentally inhaled. If encountered, you should do the following: **Be aware of any sign of exposure.** Symptoms include: respiratory depression or arrest, drowsiness, disorientation, sedation, pinpoint pupils and clammy skin. The onset of these symptoms usually occur within minutes of exposure. **Seek IMMEDIATE medical attention.** Carfentanil and other fentanyl-related substances can work very quickly, so in cases of suspected exposure, it is important to call EMS immediately.

As a local medical examiner, if you encounter an unknown substance or come into contact with an unknown substance at a scene or during an external examination and start to experience the symptoms listed above, seek immediate medical attention. This information is to make you aware and to be alert. The OCME recommends that you wear appropriate personal protective equipment (gloves and masks) during an examination or at a scene.

Additional Resource: This video was released to show the dangers of fentanyl: <https://www.youtube.com/watch?v=w48y6tzkpkg>



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## **LME Conference Planned for the 20-21 of April 2017 in Richmond, VA.**

The Virginia Office of the Chief Medical Examiner will host another session of the ongoing semi-annual training this spring in Richmond.

The two-day event will begin Thursday with a small scale mass disaster exercise that will include OCME staff as well as the local medical examiners. The late morning portion will consist of some lectures and the exercise will be in the afternoon. The Thursday exercise will only be open to the local medical exam-

iners; therefore, no guests will be allowed to attend the Thursday lectures and exercise. Information regarding the exercise and location of the exercise will be announced at a later date.

Friday will consist a full day of lectures. The location of the Friday conference will be announced at a later date as well.

Details and registration information have not been distributed yet but expect to receive information within the next month. Please contact me if you have any questions.

Keshia Strouse  
State Project Manager

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Comments, suggestions and  
questions are welcome.